U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U 10693		2. Fisca	2. Fiscal Year Covered From:				
	d		[1]/[1]/[2	2004 Through	: 12 / 31	/ 2004	
3. Name and address of person filing.			Name, file number, and address of labor organization.				
Name	Michael W Platt	Name	Greater PA	A Regional	Council o	of Carpente	
		Labo	r Organization File Nu	mber 035-0	30		
P.O. Box, Bldg., Room No., if any			P.O. Box, Building and Room Number, if any Suite 100				
Street	337 N Mill Rd	Stree	t 1718 Heilm	nandale Rd	State watering to presidency environment forces in 1979 and an animal years. The state of the s	I DALIA A BANGMANGALI SIGMAN PER	
City	Harrisburg	City	Lebanon	(1805年) 15月 (1508年) 15日 (15日 (15日 15日 15日 15日 15日 15日 15日 15日 15日 15日	25-14-1-15-15-14-18-18-18-18-18-18-18-18-18-18-18-18-18-	MALTON CONTROL OF COMMUNICATION CONTROL OF THE ALAND WITH CONTROL OF THE ALAND WITH CONTROL OF THE ALAND CONTROL O	
State	PA ZIP Code + 4 17112	State	PA	李元章中 1775年 1870年	ZIP Code + 4	17046	
5. Position in labor organization. Council Representative							
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):							
A. Held monetar	an interest in, engaged in transactions (including loans) with, ry value from an employer whose employees your organi:	or derived i	ncome or other ecoresents or is actively	nomic benefit of seeking to repre	esent.		
Name and address of Employer (including trade name; if any).			7.a. Nature of Interest, Transaction, or Income.				
Name							
Trade N	Name, if any:					e-erita Kutevita kemangan	
P.O. Bo	ox, Bldg., Room No., if any	7.b. An		noterioretainet (sichemanis) tenden syneny eigen er personal volt er sichem An Anther Hender von der Statel der seiner All Körnich von der Anther Statel		And have particularly to restrict the second state of the control second	
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State	ZIP Code + 4		tomen	Malliferm der der treftyrjostaleria (tredenen sicher) der behendigt / An. And	rener in a control hand procure contact control contro		
Signature							
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)							
Signe	o Michael W. Clatt	On	8-11-65	7/2.	169-217	23	
			Date	1	Telephone Numbe		

Name of Person Filing Michael W Platt	File Number U-							
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.								
8. Name and address of Business (including trade name, if any). Name Keystone Carpenters Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 524 S 22nd St City Harrisburg State PA ZIP Code + 4 17104	9. Business deals with: X a. Labor Organization b. Trust c. Employer							
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. 4 quarterly trustee luncheon meetings							
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$73.00 12.a. Nature of interest held or income received.							
	12.b. Amount.							
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.								
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.							
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.							

Name of Person Filing Michael W. Platt	File Number U-						
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.							
8. Name and address of Business (including trade name, if any).	9. Business deals with:						
Name	r						
Trade Name, if any:	a. Labor Organization						
P.O. Box, Bldg., Room No., if any	X b. Trust						
Street	c. Employer						
City							
State ZIP Code + 4							
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.						
Name D H Evans Associates	Administration of Carpenters & Millwrights						
Trade Name, if any:	Annuity Trust Fund						
P.O. Box, Bldg., Room No., if any PO Box 6480							
Street 2207 Forest Hills Dr. Suite 14	11.b. Approximate dollar value of such dealing.						
City Harrisburg	12.a. Nature of interest held or income received.						
State PA ZIP Code + 4 17112-0480	D H Evans Annual Golf Outing						
	12.b. Amount. \$100.00						
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.							
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.						
(including trade name, if any).							
Name							
Trade Name, if any:	VAN "AMOUNTS						
P.O. Box, Bidg., Room No., if any							
Street	The second secon						
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13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.						

File Number U-

Name of Person Filing Michael W Platt	File Number U-							
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8. Name and address of Business (including trade name, if any). Name Keystone D.C. of Carpenters Pension Fu Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 524 S 22nd St City Harrisburg State PA ZIP Code + 4 17104 10. If 9.b. or 9.c. is checked give trust or employer's name.	a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.							
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	Conference registration fee, hotel deposit and airfare to 51st International Foundation 11.b. Approximate dollar value of such dealing. \$1,370.00 12.a. Nature of interest held or income received.							
	12.b. Amount.							
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money								
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.							
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Trade Name, if any:	Santin information of the santin information of the santin information of the santin information in the santin in the santin information in the santin i							
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4								
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.							